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27479 7590 05/19/2005

COCHRAN FREUND & YOUNG LLC
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08/23/2005 LWONDIM2 00000013 10646968

01 FC:2501 700.00 DP
 02 FC:1504 300.00 DP
 03 FC:8000 30.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,968	08/22/2003	Mark L. Iske	IST.01USU1	1063

TITLE OF INVENTION: SPRING-ACTUATED, RETRACTABLE-BLADED SURGICAL SCALPEL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, UYEN T	3731	606-167000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Samuel M. Freund

2 Cochran Freund & Young LLC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Innovative Surgical Technology, Inc. Los Alamos, NM

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date August 19, 2005

Typed or printed name Samuel M. Freund

Registration No. 30,459

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Cochran Freund & Young LLC
2026 Caribou Drive, Suite 201
Fort Collins, CO 80525

Patent Issue Fee

DOCKET NO.: IST.01USU1

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Mark L. Iske et al.

Application No.: 10/646,968

Filing Date: 08/22/2003

Examiner: Ho, Uyen T.

Group Art Unit: 3731

Title: SPRING-ACTUATED, RETRACTABLE-BLADED SURGICAL SCALPEL

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TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | |
|--|---|
| <input type="checkbox"/> Response/Amendment | <input type="checkbox"/> Petition to extend time to respond |
| <input type="checkbox"/> New fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No additional fee (Address enveloped to "Box Non-Fee Amendments") | |
| <input checked="" type="checkbox"/> Other: Issue Fee Transmittal | |

CLAIMS AS AMENDED BY SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS		MINUS		=	X \$25	\$
INDEP. CLAIMS		MINUS		=	X \$100	\$
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$180	\$
EXTENSION FEE	1ST MONTH \$60	2ND MONTH \$225	3RD MONTH \$510	4TH MONTH \$795	\$	
TOTAL FEE						

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(X) At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-1491 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-1491 under 37 CFR 1.19, 1.20 and 1.21. **A duplicate copy of this sheet is enclosed.**

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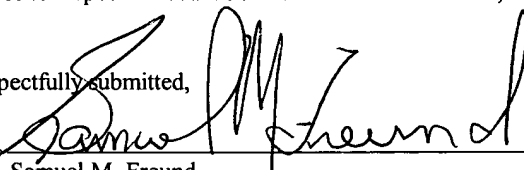
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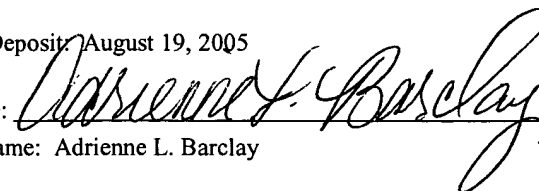
Respectfully submitted,

By: 
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Telephone No.: (970) 492-1100

Date of Deposit: August 19, 2005

Date: August 19, 2005

Signature: 

Typed Name: Adrienne L. Barclay